

87

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)	571 U.S.A. 3876
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	3					
TOTAL CLAIMS	10					

*	IND.	*	IND.	*	IND.	*
51						
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TOTAL DEP.						
TOTAL CLAIMS						